2019 Annual Report on the Performance of the Massachusetts Health Care System

Commercial Total Medical Expenses and Alternative Payment Methods Dataset: Release Notes

*Updated 10/1/19*

# Introduction

These release notes provide information for users of the Center for Health Information and Analysis’s (CHIA’s) 2019 Total Medical Expenses (TME) dataset. This dataset was used for CHIA’s *2019 Annual Report on the Performance of the Massachusetts Health Care System* and specifically underlies the analysis presented in the report’s following chapters: Total Health Care Expenditures, Total Medical Expenses & Alternative Payment Methods.

CHIA collected and aggregated data from commercial payers in accordance with 957 CMR 2.00 and performed a number of measures to assess the quality of the data submitted, including comparing it to prior year submissions as well as other external sources. CHIA did not conduct an audit of the submitted data, however, so data errors or anomalies may exist in the dataset. At the end of this document is a listing of known data issues that were not resolved prior to the publication of CHIA’s *Annual Report*. For more information about the data collected as part of CHIA’s Annual Premiums Data Request, see the [Data Submission Manual](http://www.chiamass.gov/assets/docs/p/tme-rp/2019-TME-APM-Data-Specification-Manual.pdf).

# Overview of Dataset

The dataset contains expenditure data for private commercial health insurance plans effective between 2015 and 2017 and covering Massachusetts residents.

This dataset contains two data tables: “Payer TME APM Data,” and “Provider Group TME APM Data”. The “Payer TME APM Data” tab includes Member Months, TME Per Member Per Month (PMPM) and Health Status Adjusted TME PMPM by Payer, Year, Insurance Category, Product Type, and Payment Method. The “Provider Group TME APM Data” tab includes Member Months and Expenses, both Health Status Adjusted and unadjusted, by Year, Payer, Parent Provider Group, Local Provider Group, Insurance Category, Product Type, Payment Method, Risk Type, and Primary Care Provider (PCP) Attribution Type. Data that covers pediatric practices or care covered under the MassHealth ACO program are indicated as such.

**Payer TME APM Data Field List**

| **Field Name** | **Field Description and List of Values** | **Notes** |
| --- | --- | --- |
| Payer | Grouped and abbreviated payer name:   * Aetna: Aetna Health, Inc. and Aetna Life Insurance Company * AllWays: AllWays Health Partners, Inc. (Formerly Neighborhood Health Plan, Inc.) * BCBSMA: Blue Cross and Blue Shield of Massachusetts * BMCHP: Boston Medical Center HealthNet Plan * Cigna-East: CIGNA Health and Life Insurance Company (EAST) * Cigna-West: CIGNA Health and Life Insurance Company (CHLIC) * Fallon: Fallon Health and Life Assurance Company, Inc. * HPHC: Harvard Pilgrim Health Care, Inc.; * HNE: Health New England, Inc. * HPI: Health Plans, Inc. (a subsidiary of HPHC) * THP: Tufts Associated Health Maintenance Organization, Inc * THPP: Tufts Health Public Plans, Inc. (formerly Network Health, LLC) * UniCare: UniCare Life & Health Insurance Company * United: United Healthcare Insurance Company * United Med Adv: United Healthcare Insurance Company - Medicare Advantage * United SCO: United Healthcare Insurance - Medicare & Retirement (SCO) |  |
| Year | Calendar year of the data:   * 2016 * 2017 * 2018 | 2018 data is considered preliminary; 2016 and 2017 data is considered final |
| Insurance Category | The insurance category for which the data is being reported:   * Commercial Full Claims * Commercial Partial Claims * Dual Eligibles 21 – 64 * Dual Eligibles 65 and over * Medicaid MCO (includes ACO-A data) * Medicare Advantage * Other | The Medicaid MCO category includes ACO-A data; data corresponding to the ACO program is indicated with the MassHealth ACO Indicator variable |
| Product Type | The plan design for which the data is being reported:   * HMO * PPO * POS * Indemnity * Other |  |
| Payment Method | The contractual method for reimbursement between the payer and provider:   * Fee For Service * Global Full: Global Budget/Payments (Full) * Global Partial: Global Budget/Payments (Partial) * Limited Budget * Bundled Payments * Other, non-FFS | Payment methods that are not Fee For Service are considered to be an Alternate Payment Method (APM) |
| Member Months | The member population, expressed in the number of months of coverage provided |  |
| Unadjusted TME PMPM | Total Payments expressed on a per member per month basis |  |
| HSA Adjusted TME PMPM | Total Payments expressed on a per member per month basis and adjusted to reflect the health status of the covered population |  |

**Provider Group TME APM Data Field List**

| **Field Name** | **Field Description and List of Values** | **Notes** |
| --- | --- | --- |
| Payer | Grouped and abbreviated payer name:   * Aetna: Aetna Health, Inc. and Aetna Life Insurance Company * AllWays: AllWays Health Partners, Inc. (Formerly Neighborhood Health Plan, Inc.) * BCBSMA: Blue Cross and Blue Shield of Massachusetts HMO Blue, IncBMCHP: Boston Medical Center HealthNet Plan * Cigna-East: CIGNA Health and Life Insurance Company (EAST) * Cigna-West: CIGNA Health and Life Insurance Company (CHLIC) * Fallon: Fallon Health and Life Assurance Company, Inc. * HPHC: Harvard Pilgrim Health Care, Inc.; * HNE: Health New England, Inc. * HPI: Health Plans, Inc. (a subsidiary of HPHC) * THP: Tufts Associated Health Maintenance Organization, Inc * THPP: Tufts Health Public Plans, Inc. (formerly Network Health, LLC) * UniCare: UniCare Life & Health Insurance Company * United: United Healthcare Insurance Company * United Med Adv: United Healthcare Insurance Company - Medicare Advantage * United SCO: United Healthcare Insurance - Medicare & Retirement (SCO) |  |
| Payer OrgID | Unique Identifier corresponding with the Payer |  |
| Year | Calendar year of the data:   * 2016 * 2017 * 2018 | 2018 data is considered preliminary; 2016 and 2017 data is considered final |
| Parent or Local Practice | An indicator variable identifying the level of data in that row:   * Parent * Local Practice | The Parent member months and total expenses data for a given physician group is equal to the sum of the Local Practice data for that Parent Provider Group |
| Parent Provider Group OrgID | Unique identifier corresponding with the Parent Provider Group |  |
| Parent Provider Group | The physician group for which the data is attributed to | Payers report data for physician groups for which they had 36,000 member months in a calendar year; data for physician groups with less than 36,000 member months are aggregated together for reporting |
| Local Provider Group OrgID | Unique identifier corresponding with the Local Provider Group |  |
| Local Provider Group | The local practice physician group for which the data is attributed to | Payers report data for physician groups for with they had 36,00 member months in a calendar year; data for local practice physician groups with less than 36,000 member months are aggregated to the Parent Provider Group level |
| Insurance Category | The insurance category for which the data is being reported:   * Commercial Full Claims * Commercial Partial Claims * Dual Eligibles 21 – 64 * Dual Eligibles 65 and over * Medicaid MCO (includes ACO-A data) * Medicare Advantage * Other | The Medicaid MCO category includes ACO-A data; data corresponding to the ACO program is indicated with the MassHealth ACO Indicator variable |
| Product Type | The plan design for which the data is being reported:   * HMO * PPO * POS * Indemnity * Other |  |
| Payment Method | The contractual method for reimbursement between the payer and provider:   * Fee For Service * Global Full: Global Budget/Payments (Full) * Global Partial: Global Budget/Payments (Partial) * Limited Budget * Bundled Payments * Other, non-FFS | Payment methods that are not Fee For Service are considered to be an Alternate Payment Method (APM) |
| Risk Type | The arrangement between the payer and provider indicating who is at risk in the contract:   * Shared Savings Only * Upside and Downside Risk * No Risk | Risk type does not apply to Fee For Service contracts |
| PCP Type Indicator | Indicates Primary Care Physician enrollment:   * 1: Members required to select a PCP by plan design * 2: Members attributed to a PCP during reporting period pursuant to payer – provider risk contract * 3: Members attributed to a PCP by payer’s own attribution methodology * 4: Members not attributed to a PCP |  |
| Pediatric Indicator | Indicates if the Local Provider Group is a practice in which at least 75% of its patients are children up to the age of 18:   * 0: Not Pediatric * 1: Pediatric |  |
| MassHealth ACO Indicator | Indicates if the data is for a MassHealth Accountable Care Organization (ACO)   * 0: Not part of the ACO program * 1: Part of the ACO program | Applies to the Medicaid MCO insurance category only |
| Member Months | The member population, expressed in the number of months of coverage provided |  |
| Unadjusted TME PMPM | Total Payments expressed on a per member per month basis |  |
| HSA Adjusted TME PMPM | Total Payments expressed on a per member per month basis and adjusted to reflect the health status of the covered populationTotal Payments expressed on a per member per month basis |  |
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# Payer-Specific Notes

Not all data issues identified as part of the quality assurance process were resolved prior to the creation of this dataset. As a result, this section includes a listing of known data anomalies that users should be aware of when conducting analysis.

* In previous submission cycles, Aetna had incorrectly reported Commercial Partial Claims data for which they were the second or tertiary payer – the data included in this release corrects this issue
* For 2016, Blue Cross Blue Shield reported data for members covered by a POS plan in the HMO insurance category